

AL

.563

**Work Order ID 106783**

September-11-13 11:41:55 AM

**\*106783\***

Page 1

Item ID: 647.2010

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Item Name: Upper Strut

Stop

**\*NS2\***

Start Date: 9/11/13

Start Qty: 30.00

**\*30\***

Cust Item ID:

Required Date: 9/11/13

Req'd Qty: 30.00

**\*30\***

Customer:

Reference:

Approvals: Process Plan:

Date: *B-09-14*

Tooling:

Date:

Run Start

**\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop

**\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr Revision Nbr

647.2000

N/C

0.00

110

**\*110\***

Doosan

Doosan Lathe

0.00

Memo \*\*\* CUT BLANK ON CHOP SAW AT 18.125" LONG\*\*\*

TURN AS PER DWG...  
DWG REV: *N/C*  
FOLIO REV: *N/A**13-9-24*

120

QC2- Inspect parts off machine FAI/FAIB

0.00

**\*120\***

QC

Quality Control

0.00

*13-9-24*

NCR: Yes / No

## **WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: Date: ■

QA Closed: Date:

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS									
				Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other							
Part No. _____  NCR No. _____															
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector						
Doc/Data															
Equip/Tooling															
Operator															
Material															
Setup															
Other															
Process															
Supplier															
Training															
Unapproved															
FAULT CATEGORY															
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled			
														<input type="checkbox"/> Other	

Work Order ID 106783 \*106783\* Page 2

September-11-13 11:41:55 AM

Item ID: 647.2010 Accept \*N900040100\*

Revision ID:

Item Name: Upper Strut

Start Date: 9/11/13 Start Qty: 30.00 \*30\*

Required Date: 9/11/13 Req'd Qty: 30.00 \*30\*

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
170 <b>*170*</b> QC Quality Control	QC8- Inspect parts - second check	0.00	<i>CL 13/09/25</i>			<i>32</i>			
	Memo	0.00							

175 <b>*175*</b> HandFinish Hand Finishing	Memo	0.00	<i>N/A</i>	<i>CL 13/09/27</i>
	CLEAN PART AND REMOVE ALL MARKING	0.00		

180 <b>*180*</b> Outsource4 Outsource process - Anodize	Outsource process-Anodize per QSI017 4.1.10.1 PURCHASING Memo Issue P/O: <u>Q1510</u>	0.00 0.00 ANODIZE AS PER DWG	<i>CL 13/09/27 32</i>
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NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
Part No. _____	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>					
NCR No. _____	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>					
	Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Other <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <hr/> <hr/> <hr/> <hr/> <hr/>		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other	

**Work Order ID 106783**

**\*106783\***

Page 3

September-11-13 11:41:55 AM

Item ID: 647.2010

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Stop

**\*NS2\***

Item Name: Upper Strut

Start Date: 9/11/13 Start Qty: 30.00

**\*30\***

Cust Item ID:

Required Date: 9/11/13 Req'd Qty: 30.00

**\*30\***

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

**\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop

**\*NR2\***

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

190

**\*190\***

Packaging

Packaging

Receive & Inspect for Damage & Mat'l Certs

0.00

*13/10/22* (32)

Memo

0.00

Ensure certificate of conformity is attached

200

**\*200\***

QC

Quality Control

QC5- Inspect part completeness to step on W/O

DAS  
27  
9.89  
0.00  
0.00

n/a

*13/10/22*

*32*

201

**\*201\***

SprayPaint

Spray Painting

0.00

Memo

0.00

PRIME AS PER DWG

*N/A* *13/10/28 ATC*

CARDINAL 4860-50 PRIMER BATCH: *ST423*

*32 X DAS 28 13 10-22 9.89*

NCR: Yes / No

# **WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering			
				Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality			
				Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other			
				Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio							
				<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions							
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge							
				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled							
				<input type="checkbox"/> Other							

**Work Order ID 106783**

September-11-13 11:41:55 AM

**\*106783\***

Page 4

Item ID: 647.2010

Accept

**\*N900040100\***

Setup

Start

**\*NS1\***

Revision ID:

Item Name: Upper Strut

Stop

**\*NS2\***

Start Date: 9/11/13

Start Qty: 30.00

**\*30\***

Cust Item ID:

Required Date: 9/11/13

Req'd Qty: 30.00

**\*30\***

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

**\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop

**\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

203

**\*203\***

QC

Quality Control

QC14- Inspect Spray Paint

0.00

DAS  
27  
9-89

0.00

13 10 22

210

**\*210\***

Packaging

Packaging

Identify as per dwg & Stock Location: ST423

0.00

Memo

0.00

\*\*\*IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV\*\*\*

32

32X  
28  
9-89

DAS 13-10-28

220

**\*220\***

QC

Quality Control

QC21- Final Inspection - Work Order Release

0.00

Memo

0.00

13-10-2813-10-28

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## **WORK ORDER NON-CONFORMANCE / UPDATE**

**QA Closed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>			
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear				General							
Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>							
Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>							
Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>							
Crushed/Crimped <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>							
Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>								
Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>								
Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>								
Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>	<input type="checkbox"/>	Other <input type="checkbox"/>							
Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>	<input type="checkbox"/>								
Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>	<input type="checkbox"/>								
Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>	<input type="checkbox"/>								

# Picklist Print

September-11-13 11:41:54 AM

Page 1

Work Order ID: 106783

Parent Item: 647.2010

Parent Item Name: Upper Strut

Start Date: 9/11/13

Required Date: 9/11/13

Start Qty: 30.00

Required Qty: 30.00

Comments: IPP REV:A NEW ISSUE 12-10-09 JLM VERIFIED BY:DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M6061T6R0.563 6061-T6 ROUND BAR .563		Purchased	No			f		376.3900		47.368422		31/13-9-24	

Location	Loc Qty	Loc Code
MAT012	376.39	
123218	5	
123294	25.6	
9 ~123483	29.4	
17 ~124029	16.39	
6 ~ m126852	300	

M 126852	- 2.5 ft	scrap (end of bar)
M 124029	- 2 ft	scrap (end of bar)
M 123483	- 3.8 ft	scrap (end of bar)

\* Could not pull material

NCR: Yes / No

## **WORK ORDER NON-COMPLIANCE / UPDATE**

DQA: Date: ✓

QA Closed: Date:

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS							
				Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other					
Part No. _____  NCR No. _____													
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data													
Equip/Tooling													
Operator													
Material													
Setup													
Other													
Process													
Supplier													
Training													
Unapproved													
FAULT CATEGORY													
Landing Gear				General									
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	
												<input type="checkbox"/> Other	

DART AEROSPACE LTD	Work Order:	106783
Description:	Part Number:	
Inspection Dwg:	Rev:	Page 1 of 1

# FIRST ARTICLE INSPECTION CHECKLIST

Measured by:	<i>SD</i>	Audited by:	<i>Ong</i>	Preliminary Approval:	
Date:	13-9-24	Date:	13/09/25	Date:	

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

10.04.15

1 2  
3 4 5 6 7 8

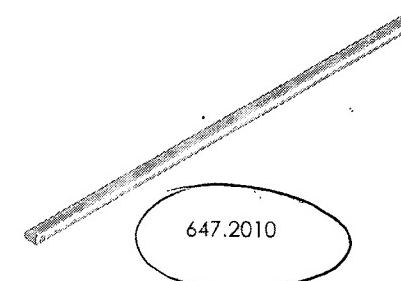
THE INFORMATION CONTAINED IN THIS DRAWING IS THE SOLE PROPERTY OF  
APICAL INDUSTRIES. ANY REPRODUCTION IN PART OR WHOLE WITHOUT  
THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED.

REVISIONS			
REV.	DESCRIPTION	DATE	APPROVED
U	U/I P/P/C TYPE PEV/01N, P/N	N/C	
N/C	INITIAL RELEASE	04/02/09	P. PAVO

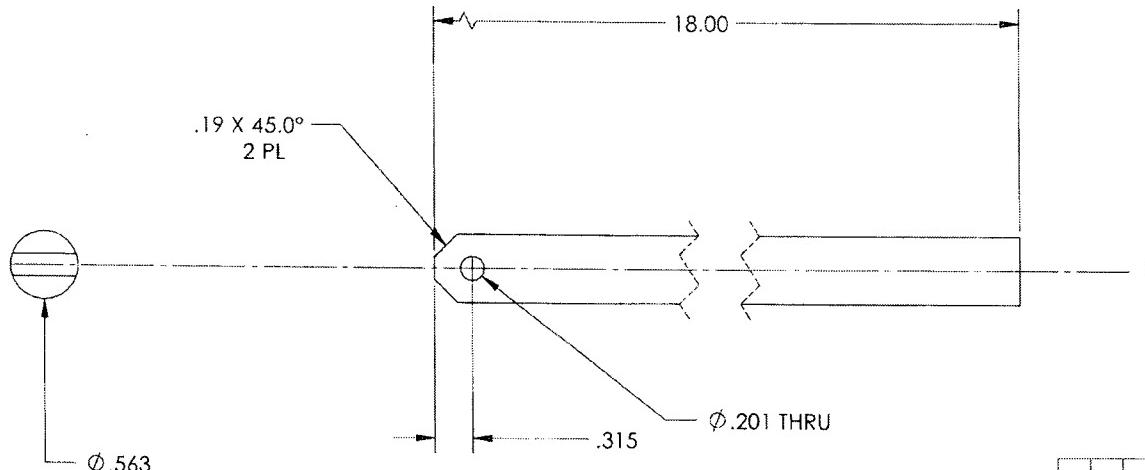
NOTES:

- ① MATERIAL: 6061-T6 ALUMINUM BAR IAW AMS-QQ-A-250/11  
 ② FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III, CLASS 2, COLOR BLACK  
 CARDINAL 4860-50 PRETREATMENT PRIMER  
 PRIME IAW MIL-P-23377J TYPE I CLASS N

4. DEBURR AND BREAK ALL SHARP EDGES  
 5. IDENTIFY IAW MPP-120



10/6/183  
all B-09/14



		647.2011	LOWER STRUT	△	△
		647.2010	UPPER STRUT	△	△
QTY	FIND #	PART #	DESCRIPTION	MATL	SPEC.
NEXT ASSY (S)	647.1300	647.2010	APICAL INDUSTRIES		
			2608 TEMPLE HEIGHTS DR.		
			OCEANSIDE, CA. 92056-3512 (760)724-5300		
			STRUT		
			REV. CAGE CODE: D010 NO: 647.2000 REV: N/C		
			SCALE: NONE SHEET: 1 OF 2		

647.2000  
B-DIM26

REV: N/C

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

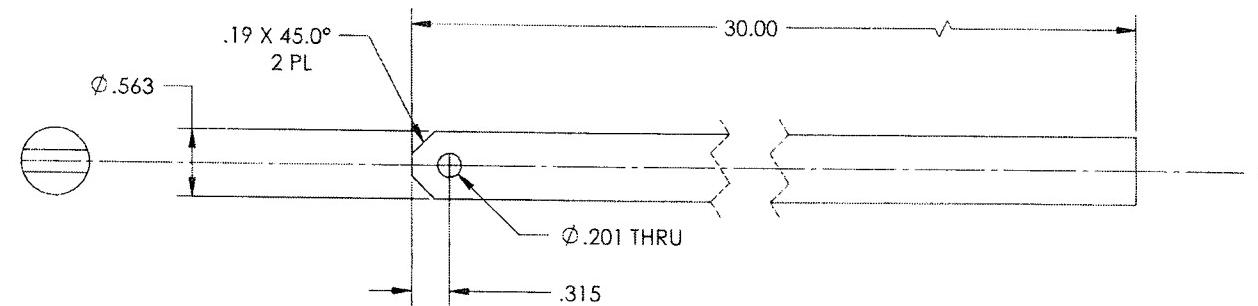
QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>		
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>		
Part No. _____			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>		
NCR No. _____										
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear				General						
	Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>					
	Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>					
	Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>					
	Crushed/Crimped <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>					
	Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>						
	Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>						
	Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>					
	Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>							
	Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>							
Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>								
Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>								

1 2 3 4 5 6 7 8  
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647.2011



ORIGINAL DATE INC'DA-181 04-07-09	SPAWNER J. COOPER	REVIEWER P. RAYNO	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300
SPAWNING & APPROVAL P. RAYNO L. COOPER		STRUT	
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES 10 = 10.0000 # = #.0000 #PLACES DECIMALS 2#0 #PLACES DECIMALS 2#05 #CODE: 1-1			
REV B SCALE: NONE	CAGE CODE 07M26	ORG. NO 647.2000	REV N/C SHEET 2 OF 2

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS																
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>		
Part No. _____			Work Order Update <input type="checkbox"/>																			
NCR No. _____																						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance			Initial Chief Eng	Action Description			Sign & Date	Verification		QC Inspector								
Doc/Data																						
Equip/Tooling																						
Operator																						
Material																						
Setup																						
Other																						
Process																						
Supplier																						
Training																						
Unapproved																						
FAULT CATEGORY																						
Landing Gear				General																		
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions											<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled			



A.T.G. Industries Inc.  
731, rue Industrielle Rd.  
PLATING DEPARTMENT  
Rockland, On K4K 1T2  
Canada  
Ph: (613) 446-4544  
Fax: (613) 446-4556

### Pack List

Number: 62694

Date: 21-Oct-13

To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ship To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via
Quantity	Description	Rev:
1 lot	Part: ASST  2 PCS 646.2910 (48.00) 4 PCS 646.3110 (10.65) 6 PCS 646.3811 (6.55) 35 PCS 646.9910 (13.40) 32 PCS 647.2010 (11.90) 2 PCS D4821-1 (50.25) 7 PCS D4823-1 (11.15) 2 PCS D4824-1 (13.40)  HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2  PRIME MIL-P-23377J TYPE I CLASS N  PRICE IS PER PIECE Job: 20130656	PO: 21510
Line:		
Certificate of Conformance		
A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.		
ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY		
DATE: <u>21/10/13</u>		
CERTIFIED SIGNATURE: <u>M</u>		
RECEIVER SIGNATURE: _____		